

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574089

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			12			
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
59					/	
60					/	
61					/	
62					/	
63					/	
64					/	
65					/	
66					/	
67					/	
68					/	
69					/	
70					/	
71					/	
72					/	
73					/	
74					/	
75					/	
76					/	
77					/	
78					/	
79					/	
80					/	
81					/	
82					/	
83					/	
84					/	
85					/	
86					/	
87					/	
88					/	
89					/	
90					/	
91					/	
92					/	
93					/	
94					/	
95					/	
96					/	
97					/	
98					/	
99					/	
100					/	
TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			28			